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CONFIRMATION NO. 7154

<b>SERIAL NUMBER</b> 10/523,857	<b>FILING OR 371(c) DATE</b> 05/11/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 102142/4
<b>APPLICANTS</b> Ross E. Mantle, Ontario, CANADA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CA03/01732 11/13/2003 <b>** FOREIGN APPLICATIONS *****</b> CANADA 2,411,569 11/12/2002  <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>[Signature]</i> Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 17
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 27220 AIR MAIL				
<b>TITLE</b> Device for the extravascular recirculation of liquid in body cavities				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	